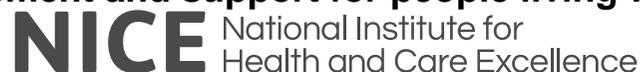


Dementia: assessment, management and support for people living with dementia and their carers



Consultation on draft guideline – deadline for comments 5pm on 12/02/2018 email: Dementia@nice.org.uk

	<p>Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.</p> <p>We would like to hear your views on the draft recommendations presented in the short version and any comments you may have on the evidence presented in the full version. We would also welcome views on the Equality Impact Assessment.</p> <p>We would like to hear your views on these questions:</p> <ol style="list-style-type: none">1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why.2. Would implementation of any of the draft recommendations have significant cost implications?3. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.)4. [Insert any specific questions about the recommendations from the Developer, or delete if not needed] <p>See section 3.9 of Developing NICE guidance: how to get involved for suggestions of general points to think about when commenting.</p>
<p>Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):</p>	<p>Optical Confederation</p>

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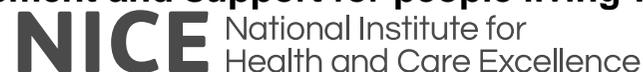


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Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.				
Name of commentator person completing form:		Dr Peter Hampson		
Type		[office use only]		
Comment number	Document (full version, short version or the appendices)	Page number Or 'general' for comments on the whole document	Line number Or 'general' for comments on the whole document	Comments Insert each comment in a new row. Do not paste other tables into this table, because your comments could get lost – type directly into this table.
Example 1	Full	16	45	We are concerned that this recommendation may imply that
Example 2	Full	16	45	Question 1: This recommendation will be a challenging change in practice because
Example 3	Full	16	45	Question 3: Our trust has had experience of implementing this approach and would be willing to submit its experiences to the NICE shared learning database. Contact.....
	Short	General		The overarching theme for optical professionals within this consultation is communication and access to data. Optical practices should be provided with access to relevant data for patients via the summary care record or similar. This will enable quicker and better decision making regarding patient care and reduce unnecessary stress for patients. Trying to elicit complex information from patients with dementia can be stressful for all involved and this information should

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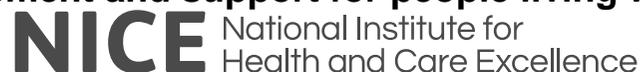


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				be easily available to all who have need to access it.
	Short	General		<p>We cannot see anywhere in the consultation, where the importance of regular sight tests for patients with dementia has been addressed. This should include increasing awareness of domiciliary optical services to help patients maintain their independence and maximise their quality of life. Often people with dementia are less able to verbalise their deteriorating sight, which in turn reduces their ability to engage in the world around them. This withdrawal is often attributed to increased dementia by carers. This may actually be significantly helped with an up-to-date prescription, maximising their opportunity to re-engage in the world around them. NICE have previously found in guidance CG161 that whilst there is insufficient evidence that single interventions targeting vision impairment are effective in reducing falls, referral for visual correction as part of a multifactorial intervention has a significant impact on falls reduction.</p> <p>The Alzheimer’s society amongst others have been very clear on the importance of regular sight tests for those with dementia, due to the increased impact that increased sensory deprivation can have on these patients https://www.alzheimers.org.uk/info/20064/symptoms/213/sight_and_hearing_loss</p>
1	Short	7	10	We are supportive of the aims of this, but it is imperative that optical professionals also have access to the relevant information on choices made by patients.
2	Short	8	19-20	It is important that the question includes optical professionals to avoid eye care being excluded from information sharing agreements.
3	Short	9	3-15	It is important that any management or treatment plans are made available to all clinicians so that optical professionals can make informed management and referral decisions.
4	Short	13	23-24	It is important that this person is easily identified, so that optical professionals know who to contact with regard to care decisions.
5	Short	14	18-21	Optical professionals see patients in a variety of settings. It is therefore important that the transfer of patient data is quick and smooth.
6	Short	14 & 15	14 (26-29 & 15(1-4)	Optical practices already provide accessible services via home visits and domiciliary care. While we welcome collaboration in future service design, we are wary of overly onerous requirements. Unfortunately, there are currently technical restrictions on a number of tests that may be conducted by optical professionals. This is due to the requirement for patients to maintain steady fixation to use imaging equipment and visual field screening equipment. In patients with dementia this is not always possible with the current technology.
7	Short	27	4	For clarity we presume this training requirement is intended for care staff not as an additional requirement for optical professionals. If it is not, then care and support providers should provide staff with training proportionate to the respective needs of individual staff, in person-centred and outcome-focused care for people living with dementia...

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Insert extra rows as needed

Checklist for submitting comments

- Use this comment form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include page and line number (not section number) of the text each comment is about.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- For copyright reasons, comment forms do not include attachments such as research articles, letters or leaflets (for copyright reasons). We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.

You can see any guidance that we have produced on topics related to this guideline by checking [NICE Pathways](#).

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.

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